PTO/SR-17 (16-06)
Approved for use Grough 08/30/2010 - OMB (865-032
U.S. Patent and Tredemark Office, U.S. DEPARTMENT OF COMMERCE

Under the Pa	sperwork Reduction Act of	***************************************	equired to	respond to a collection		n untess if display		control numb	
Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).				Application Number 10/760,423-Conf. #1238					
FEE TRANSMITTAL For FY 2009							nuary 21, 2004		
				First Named Inventor Shigeo Fujii					
				Examiner Name C. H. Sm		. H. Smith			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2614				***************************************	
TOTAL AMOUNT OF PAYMENT (\$) 670		(\$) 670.00	Attorney Docket No		No. T	T3201.0041			
METHOD OF	PAYMENT (check	all that apply)							
Check	x Credit Card	Money Order	Non	e Other (please identity	y:			
Deposit Ac	COINT Deposit Associat ?	sumper 50-	2215	Crepos4	Accourt Name	Dickste	in Shapiro	LLP	
For the	above-identified depo	isit account, the Di	rector is	hereby authorize	d to, (chect	call that epply)			
h	harge fee(s) indicated		mania af	lame.d		cated below, e	except for th	se filling fe	
X fe	harge any additional f e(s) under 37 CFR 1.	ee(s) or underplays 15 and 1.17	ments or	x Credit	any overpa	yments			
FEE CALCUI									
. BASIC FILIN	G, SEARCH, AND E								
	FI	LING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN.	ATION FEES Small Entity	5		
Application T	ype Fee (\$	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
. EXCESS CL	AIM FEES							Small Ent	
ee Description	r 20 tincluding Reiss	ues)					Fee (\$) 52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)							220	(10	
lultiple depen	dent claims						390	195	
Total Claims Extra Claims Fee (\$)		Fe	Fee Paid (\$) Mu		ultiple Dependent Claims				
- or FIP = Inghest member of total claims paid for, if greater than 20.					Fee	: (5)	Fee Paid (S	<u>1</u>	
Indep. Claims	Extra Claim		Fee Paid (\$)						
HP = highest num	- or HP = ther of independent claims	paid for, if greater that	n 3.	***************************************					
listings unc	ON SIZE FEE ntion and drawings of der 37 CFR 1.52(e)), action thereof. See 3	the application siz	e fee du	e is \$270 (\$135 t)	
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OTHER FEE	· 100 ×	/50 =		(round up to a who	ile number) :	·	Fees	Paid (\$)	
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Other (e.g.,	late filing surcharge)	1251 Extension 1401 Notice of	n for res	sponse within fi	rsł month			0.00 0.00	
UBMITTED BY									
grature	/Andrew A. Phitlips/			Registration No. (Attorney/Agent)	62,725	Telephone	(212) 27	7-6709	
Janua (Prooffungs	Andrew A Phillip					Date	February	6.2009	